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CONFIRMATION NO. 7551

SERIAL NUMBER 10/676,403	FILING DATE 09/30/2003 RULE	CLASS 024	GROUP ART UNIT 3677	ATTORNEY DOCKET NO. KP-49A
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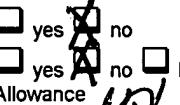
APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/242,264 09/12/2002 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 12/19/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	1	4	1
Verified and Acknowledged	Examiner's Signature 	Initials			

ADDRESS

M.P. Williams
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 Manchester , CT
 06040

TITLE

Axial adjustable tie-down stretch cord terminus

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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